

09/545,794

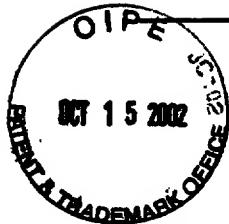
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#6
DM
10/31/02

October 9, 2002

Box Issue Fee
Commissioner for Patents
Washington, D.C. 20231

Re: SN 09/545,794
William Mazzei

Dear Sirs:

Please be advised that assignments in the above-referenced matter have been submitted under separate cover to the Assignments Department.

We wish to ensure that the assignee, DUPACO, INC. does appear on the published patent.

Please contact our office if you need any further information.

Thank you.

Sincerely yours,

DONN K. HARMS

DKH/jg
enc.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Box ISSUE FEE**
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<i>Jane E. Guest</i>	(Depositor's name)
<i>Jane E. Guest</i>	(Signature)
<i>October 9, 2002</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/545,794	04/09/2000	William Mazzei	2041 CIP	1944

TITLE OF INVENTION: PROTECTIVE CUSHION AND COOPERATIVELY ENGAGEABLE HELMET CASING FOR ANESTHETIZED PATIENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$640	\$0	\$640	11/12/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
LINDSEY, RODNEY M	3765	002-410000

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. DONN K. HARMS

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

DUPACO, INC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

2620 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056

Please check the appropriate assignee category or categories (will not be printed on the patent)

individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

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A check in the amount of the fee(s) is enclosed.

Publication Fee

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(Date)

10/9/02

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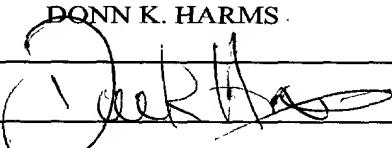
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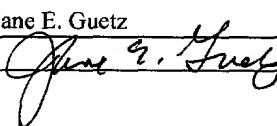
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<p>TRANSMITTAL FORM (to be used for all correspondence after initial filing)</p>		Application Number	09/545,794
		Filing Date	04/09/2000
		First Named Inventor	WILLIAM MAZZEI
		Group Art Unit	3765
		Examiner Name	LINDSEY, RODNEY M.
Total Number of Pages in This Submission	1	Attorney Docket Number	2043-CIP

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (Please identify below): _____	
Remarks _____			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DONN K. HARMS
Signature	
Date	09/11/2002

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Typed or printed name	Jane E. Guetz
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